

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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esanto	N. ADB

In re applicat	ion of:	)	Examiner: Matthew F. D			
·O′Hd	olloran et al.	)	Art Unit: 3763			
Serial No.	09/863,074	)				
Filed:	May 21, 2001	)				
Title:	Surgical Needle with Hand- Actuable Lock Mechanism	)				

Mail Stop Nonfee Amendment **Assistant Commissioner for Patents** Post Office Box 1450 Alexandria, Virginia 22313-1450

## AMENDMENT AND RESPONSE

Dear Sir:

Responsive to the Office Action dated May 21, 2003, please amend the aboveidentified patent application as follows:

## **CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8**

I hereby certify, pursuant to 37 C.F.R. § 1.8 that this paper or fee (along with any referred to as being attached or enclosed) is being deposited with the U.S. Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to: Assistant Commissioner for Patents, Mail Stop Nonfee Amendment, Alexandria, Virginia 22313-1450.

Dated: August 13, 2003

PTO/SB/17 (09-00)

Appropriate or use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TO A NOMITTAL	Complete if Known					
FEE TRANSMITTAL	Application Number	09/863,074				
for FY 2003	Filing Date	May 21, 2001				
Patent fees are subject to annual revision.	First Named Inventor	Brian O'Holloran et al.				
	Examiner Name	Matthew F. Desanto				
☑ Applicant claims small entity status. See 37 CFR 1.27	Group / Art Unit	3763				
TOTAL AMOUNT OF PAYMENT (\$) \$0	Attorney Docket No.	2900-8				

⊠ Chook	METHOD OF PAYMENT (check one)  ☐ Credit card ☐ Money ☐ Other ☐ None				FEE CALCULATION (continued)										
	☐ CIE	on card	Ord		Joiner	Ц	None	3. ADD	ITIONAL	. FEES		,			
□ Deposit	Account	t:		<u> </u>				Large	Entity		Entity		•		
Deposit							Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee I	Description	Fee		
Account		5022-32					1051	130	2051	65	Surchame - late	filing fee or oath	Paid		
Number								1052	50	2052	25	Surcharge - late			
Deposit Account		Glenn C. Brown, P.C.						1				or cover sheet.	provisional ming icc		
Name						1053	130	1053	130	Non-English spe					
The Commissioner is authorized to: (check all that apply)					147	2,520	147	2,520	For filing a reque	est for reexamination					
Charge fee(s) indicated below						1804	920*	1804	920*		ication of SIR prior to				
□ Credit any overpayments to the above-identified deposit account     □ Charge any additional fee(s) during the pendency of this application						1805	1 040*	4005	4 0 40*	Examiner action		<u> </u>			
Charge fee(	s) indica	ited below	, except f	or th	e filing fe	90		1605	1,840*	1805	1,840*	Examiner action	ication of SIR after		
to the above-identified deposit account.						1251	110	2251	55		ply within first month	$\vdash$			
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1. BASIC F	ILING F	EE						1253	930	2253	465	Extension for re	ply within third month		
Large Entity	SmallE	ntity						1254	1,450	2254	725	Extension for re	ply within fourth		
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1001 730	2001	165	Utility filing			┝		1401 1402	320 320	2401	160	Notice of Appea		<b>├</b>	
1002 530	2002	260	Design filir Plant filing	_		┝		1402	280	2402 2403	160 140	-	upport of an appeal		
1003 320	2003	375	•			H		1403	280	2403	140	Request for oral	-	—— I	
1005 160	2005					_		1451	1,510	1451	1,510	Petition to institu proceeding	ne a public use		
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	S	SUBTOTA	∟ (1)			(\$		1453	1,300	2453	650	Petition to revive	tion to revive – unintentional		
2. EXTRA CLA	IM FEES	S FOR III	II ITY AN	D RE	ISSUE	_		1501	1,300	2501	650	Utility issue fee	ility issue fee (or reissue)		
I. EXTRAGEA		310101	Extra		ee from		Fee	1502	470	2502	235	Design issue fee	•		
		_	Claims		elow		Paid	1503	630	2503	315	Plant issue fee			
Total Claims 6	·2	27** = [		Х [		=		1460	130	1460	130	Petitions to the (	Commissioner		
Independent Claims 1	] .	4** = [		x	, i	=		123	50	123	50	Petitions related applications	to provisional		
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Dependent				L		İ							(1) patentassignment		
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Code (\$)	Code	Fee (\$)	Fee De:	script	ion			4000	750			properties)	0 65		
1202 18	2202	9	Claims	in exc	ess of 20			1809	750	2809	375	(37 CFR § 1.129	ion after final rejection	7	
1201 84	2201	42	Indeper	dent	claims in e	exce	ss of 3	1810	750	2810	375		nal invention to be		
1203 280	2203	140	Multiple	depe	ndent clai	m, if	not paid					examined (37 CI	R § 1.129(b)		
1204 84	22204	4 42	** Reiss original		dependent	clai	ms over	1801	750	2801	375	Request for Contin	ued Examination (RCE)	1 1	
1205 18	2205	9	_	ue cla	aims in exc	cess	of 20 and	1802	900	1802	900	Request for expe	dited examination		
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**or number previ	iously paid	d, if greater	For Reissu	ies, se	e above			Other fe	e (specify	<b>/</b> )					
			,A.					*Reduc	ed by Ba	sic Filing	j Fee Pa	id SUBT	OTAL (3) (\$)		
											<u>Liii</u>				
SUBMITTED BY			/									Com	plete (if applicable)		
Name (Print/Type	9)	Glenn C	Brown		Regist	rAtio	n No <sub>1</sub> Attorpe	y/Agent)	34,5	555		Telephone	541/312-2500		
Cianotura			1.		1	<del>(()</del>	//		<del></del>						
Signature	1		//		,		1					Date	August 13, 2003	J	

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